

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Friends of Tim Johnson

ADDRESS (number and street)

PO Box 17087

Check if different than previously reported. (ACC)

Urbana

IL

61803

2. **FEC IDENTIFICATION NUMBER**

C00350421

CITY

STATE

ZIP CODE

STATE **DISTRICT**

3. IS THIS REPORT NEW (N) OR AMENDED (A)

IL 15

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

In the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period 02 26 2004 through 03 31 2004

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer James P. Bray

Signature of Treasurer Electronically Filed by James P. Bray Date 04 14 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Friends of Tim Johnson

Report Covering the Period: From: M M D D Y Y Y Y To: V M D D Y Y Y Y
0 2 2 8 2 0 0 4 0 3 3 1 2 0 0 4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a)).....	19660.00	316433.04
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	150.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	19660.00	316283.04
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	12005.10	178714.92
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	401.90
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	12005.10	178313.02
8. Cash on Hand at Close of Reporting Period (from Line 27).....	179281.65	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	246194.88	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name

Friends of Tim Jahnsan

Report Covering the Period: From: M M D J Y Y Y Y To: M M D J Y Y Y Y
 0 2 2 6 2 0 0 4 0 3 3 1 2 0 0 4

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3200.00	
(ii) Unitemized.....	460.00	
(iii) TOTAL of contributions	3660.00	141158.99
from individuals..... ▶		
(b) Political Party Committees.....	0.00	1392.39
(c) Other Political Committees (such as PACS).....	16000.00	173881.66
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	19660.00	316433.04
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	401.90
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	19660.00	316834.94

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	12005.10	178714.92
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	100301.54
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	100301.54
<hr/>		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	150.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	150.00
<hr/>		
21. OTHER DISBURSEMENTS.....	0.00	5400.00
<hr/>		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) [>]	12005.10	284566.46

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	171626.75
24. TOTAL RECEIPTS THIS PERIOD (from Line 15, page3).....	19660.00
25. SUBTOTAL (add Line 23 and Line 24).....	191286.75
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	12005.10
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	179281.65

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 22

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
12	13a	13b	14
			15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) A. American Council of Engineering Co. PAC		Date of Receipt M / D / Y 03 / 15 / 2004
Mailing Address 1015 15th Street, NW		Transaction ID: 0405200429C5895
City	State	Zip Code
Washington	DC	20005-2805
FEC ID number of contributing federal political committee. C C00010868		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. ARTBA PAC		Date of Receipt M / D / Y 03 / 22 / 2004
Mailing Address 1010 Massachusetts Ave., NW		Transaction ID: 0405200429C5899
City	State	Zip Code
Washington	DC	20001-
FEC ID number of contributing federal political committee. C C00118208		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. American Medical Association PAC		Date of Receipt M / D / Y 03 / 03 / 2004
Mailing Address 1101 Vermont Avenue, NW		Transaction ID: 0303200433C5886
City	State	Zip Code
Washington	DC	20005-
FEC ID number of contributing federal political committee. C C70001847		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 22

(check only one)

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) A. American Medical Association PAC		Date of Receipt M / D / Y 03 / 05 / 2004
Mailing Address 1101 Vermont Avenue, NW		Transaction ID: 0305200445C5889
City Washington	State DC	Zip Code 20005-
FEC ID number of contributing federal political committee. C C70001847		Amount of Each Receipt this Period 1500.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. Bldg. & Constr. Trades Dept. Federal PEF		Date of Receipt M / D / Y 03 / 30 / 2004
Mailing Address 815 16th Street, NW Suite 800		Transaction ID: 0405200428C5804
City Washington	State DC	Zip Code 20005-
FEC ID number of contributing federal political committee. C CD0003180		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) C. Carpenters Legislative PAC		Date of Receipt M / D / Y 03 / 10 / 2004
Mailing Address 101 Constitution Ave., NW		Transaction ID: 0310200445C5892
City Washington	State DC	Zip Code 20001-
FEC ID number of contributing federal political committee. C CD0001D18		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 10000.00	

SUBTOTAL of Receipts This Page (optional)	7500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 22

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) A. Independent Community Bankers PAC		Date of Receipt M / D / Y 03 / 03 / 2004
Mailing Address 1 Thomas Circle, NW Suite 400		Transaction ID: 0303200433C5887
City Washington	State DC	Zip Code 20005-
FEC ID number of contributing federal political committee. C C00032698		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. Flour Public Affairs Committee		Date of Receipt M / D / Y 03 / 15 / 2004
Mailing Address 3353 Michelson Drive		Transaction ID: 0405200429C5886
City Irvine	State CA	Zip Code 92668-
FEC ID number of contributing federal political committee. C CD0034132		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Ironworkers Political Action League		Date of Receipt M / D / Y 03 / 30 / 2004
Mailing Address 1750 New York Ave, NW		Transaction ID: 0405200429C5802
City Washington	State DC	Zip Code 20008-
FEC ID number of contributing federal political committee. C CD0027359		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 22

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
12	13a	13b	14
			15

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) A. Lyndell Chemical Co. PAC		Date of Receipt M / D / Y 03 / 15 / 2004
Mailing Address 1101 Pennsylvania Ave., NW Suite 515		Transaction ID: 0405200429C5897
City Washington	State DC	Zip Code 20004-
FEC ID number of contributing federal political committee. C C00306175		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. National Assn. of Letter Carriers		Date of Receipt M / D / Y 03 / 05 / 2004
Mailing Address 100 Indiana Avenue, NW		Transaction ID: 0305200445C5888
City Washington	State DC	Zip Code 20001-
FEC ID number of contributing federal political committee. C CD0023580		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. NATSO PAC		Date of Receipt M / D / Y 03 / 30 / 2004
Mailing Address 1199 N Fairfax St Suite 8D1		Transaction ID: 0405200429C5803
City Alexandria	State VA	Zip Code 22314-
FEC ID number of contributing federal political committee. C CD0097885		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 22

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) A. NBWA PAC		Date of Receipt M / D / Y 03 / 15 / 2004	
Mailing Address 1100 King Street Suite 600		Transaction ID: 0405200429C5893	
City Alexandria	State VA	Zip Code 22314-2844	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00144766		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)	
Name of Employer Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 3000.00		
Full Name (Last, First, Middle Initial) B. Transport Workers Union		Date of Receipt M / D / Y 03 / 30 / 2004	
Mailing Address Political Contributions Committee 1700 Broadway, 2nd Floor		Transaction ID: 0405200429C5905	
City New York	State NY	Zip Code 10019-5805	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00135475		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)	
Name of Employer Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 2000.00		

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	16000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 22

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) A. John Alexander		Date of Receipt M / D / Y 03 / 10 / 2004
Mailing Address 7757 U.S. Route 136 PO Box 405		Transaction ID: 0310200445C5890
City Potomac	State IL	Zip Code 61865-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Danville YMCA	Occupation Executive Director	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Robert Bonifas		Date of Receipt M / D / Y 03 / 15 / 2004
Mailing Address 1100 Church Road		Transaction ID: 0405200428C5894
City Aurora	State IL	Zip Code 60505-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Alarm Detection Systems	Occupation President	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Wilbur Plum		Date of Receipt M / D / Y 03 / 10 / 2004
Mailing Address 117 Eldorado Drive		Transaction ID: 0310200445C5891
City Tuscola	State IL	Zip Code 61553-2110
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer retired	Occupation Retired	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1200.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 22

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d	<input type="checkbox"/>	15
	12		13a		13b		14		

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) A. Peter Thiel		Date of Receipt M / D / Y 03 / 31 / 2004
Mailing Address 555 California Street Suite 4360		Transaction ID: 040520042905908
City San Francisco	State CA	Zip Code 94104-1529
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Carlum Capital Management, LLC	Occupation Managing Member	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	3200.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 22

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial)
A. Christopher Rory Photography

Mailing Address 2917 W Springfield Ave

City Champaign State IL Zip Code 61820-

Purpose of Disbursement
Photography

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

007
Category/
Type

Transaction ID: D407200459E17B8
Date of Disbursement

03 / 22 / 2004

Amount of Each Disbursement this Period

299.73

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PHOTOGRAPHY

Full Name (Last, First, Middle Initial)
B. Devonshire Realty

Mailing Address PO Box 140

City Champaign State IL Zip Code 61824-0140

Purpose of Disbursement
Rent

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: D407200459E1776
Date of Disbursement

03 / 03 / 2004

Amount of Each Disbursement this Period

546.25

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

RENT

Full Name (Last, First, Middle Initial)
C. Electoral Design

Mailing Address 4382 Raleigh Ave., #102

City Alexandria State VA Zip Code 22304-

Purpose of Disbursement
Website Expense

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

004
Category/
Type

Transaction ID: D407200459E1792
Date of Disbursement

03 / 23 / 2004

Amount of Each Disbursement this Period

5000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

WEBSITE EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

5845.98

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 / 22

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial)
A. Illinois Power

Mailing Address P.O. Box 511

City Decatur State IL Zip Code 62525-

Purpose of Disbursement
Utilities

Candidate Name

Office Sought: House Senate President
State: District
Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: D407200459E17B6
Date of Disbursement

03 / 17 / 2004

Amount of Each Disbursement this Period

82.54

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

UTILITIES

Full Name (Last, First, Middle Initial)
B. Keelan Communications

Mailing Address PO Box 2776

City Arlington State VA Zip Code 22202-

Purpose of Disbursement
Fundraising Expense

Candidate Name

Office Sought: House Senate President
State: District
Disbursement For: Primary General Other (specify) ▼

003
Category/
Type

Transaction ID: D407200459E17B1
Date of Disbursement

03 / 10 / 2004

Amount of Each Disbursement this Period

745.57

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

FUNDRAISING EXPENSE

Full Name (Last, First, Middle Initial)
C. Managed Tax Services

Mailing Address 2501 Galen Dr

City Champaign State IL Zip Code 61826-

Purpose of Disbursement
Tax Services

Candidate Name

Office Sought: House Senate President
State: District
Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: D407200459E17B0
Date of Disbursement

03 / 10 / 2004

Amount of Each Disbursement this Period

75.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

TAX SERVICES

SUBTOTAL of Disbursements This Page (optional) ▶

903.11

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial)
A. Mcleod USA

Mailing Address 2302 Fox Dr

City Champaign State IL Zip Code 61820-

Purpose of Disbursement
Phone Service

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D407200459E1790
Date of Disbursement

03 / 22 / 2004

Amount of Each Disbursement this Period

20.40

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PHONE SERVICE

Full Name (Last, First, Middle Initial)
B. Maureen OSullivan

Mailing Address 803 W. Springfield #B

City Champaign State IL Zip Code 61820-

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D407200459E1774
Date of Disbursement

02 / 27 / 2004

Amount of Each Disbursement this Period

1500.16

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SALARY

Full Name (Last, First, Middle Initial)
C. Maureen OSullivan

Mailing Address 803 W. Springfield #B

City Champaign State IL Zip Code 61820-

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D407200459E1794
Date of Disbursement

03 / 31 / 2004

Amount of Each Disbursement this Period

1500.16

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SALARY

SUBTOTAL of Disbursements This Page (optional) ▶

3020.72

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial)
A. Blake Otto

Mailing Address 1044 E. North Road

City Danvers State IL Zip Code 61732-

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House Senate President
State: District
Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: D407200459E1793
Date of Disbursement
03 / 23 / 2004

Amount of Each Disbursement this Period
237.31
Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SALARY

Full Name (Last, First, Middle Initial)
B. Patton Boggs

Mailing Address 2550 M Street, NW

City Washington State DC Zip Code 20037-1350

Purpose of Disbursement
Legal Services

Candidate Name

Office Sought: House Senate President
State: District
Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: D405200429E1771
Date of Disbursement
03 / 10 / 2004

Amount of Each Disbursement this Period
228.75
Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

LEGAL SERVICES

Full Name (Last, First, Middle Initial)
C. SBC

Mailing Address 225 W Randolph St
Floor 27A

City Chicago State IL Zip Code 60608-

Purpose of Disbursement
Phone Service

Candidate Name

Office Sought: House Senate President
State: District
Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: D407200459E1791
Date of Disbursement
03 / 22 / 2004

Amount of Each Disbursement this Period
132.48
Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶ 598.54

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

A. Full Name (Last, First, Middle Initial)
Jason Shelby

Mailing Address 6402 Birchwood Lane

City Decatur State IL Zip Code 62521-

Purpose of Disbursement Salary

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type 001

Transaction ID: D407200459E1775
Date of Disbursement 03 / 02 / 2004

Amount of Each Disbursement this Period 482.31

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SALARY

B. Full Name (Last, First, Middle Initial)
Staples

Mailing Address 2005 N. Prospect

City Champaign State IL Zip Code 61821-

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type 001

Transaction ID: D407200459E1787
Date of Disbursement 03 / 18 / 2004

Amount of Each Disbursement this Period 107.03

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

OFFICE SUPPLIES

C. Full Name (Last, First, Middle Initial)
U.S. Postmaster

Mailing Address 2001 N. Mattis

City Champaign State IL Zip Code 61821-

Purpose of Disbursement Postage

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type 001

Transaction ID: D407200459E1782
Date of Disbursement 03 / 12 / 2004

Amount of Each Disbursement this Period 1.31

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

POSTAGE

SUBTOTAL of Disbursements This Page (optional) ▶ **590.65**

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 / 22

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnson

Full Name (Last, First, Middle Initial)
A. U.S. Postmaster

Mailing Address 2001 N. Mattis

City Champaign State IL Zip Code 61821-

Purpose of Disbursement Postage

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type 001

Transaction ID: D407200459E17B3
Date of Disbursement 03 / 12 / 2004

Amount of Each Disbursement this Period 185.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

POSTAGE

Full Name (Last, First, Middle Initial)
B. U.S. Postmaster

Mailing Address 2001 N. Mattis

City Champaign State IL Zip Code 61821-

Purpose of Disbursement Postage

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type 001

Transaction ID: D407200459E17B5
Date of Disbursement 03 / 17 / 2004

Amount of Each Disbursement this Period 126.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

POSTAGE

Full Name (Last, First, Middle Initial)
C. U.S. Postmaster

Mailing Address 2001 N. Mattis

City Champaign State IL Zip Code 61821-

Purpose of Disbursement Postage

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type 001

Transaction ID: D407200459E1796
Date of Disbursement 03 / 31 / 2004

Amount of Each Disbursement this Period 111.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

POSTAGE

SUBTOTAL of Disbursements This Page (optional) ▶ **422.00**

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 / 22

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: D407200459E1779 Date of Disbursement 03 / 10 / 2004	
Mailing Address PO Box 6170		Amount of Each Disbursement this Period 58.38	
City Carol Stream State IL Zip Code 60197-	Purpose of Disbursement Phone Service Candidate Name	001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	PHONE SERVICE	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: D407200459E1784 Date of Disbursement 03 / 17 / 2004	
Mailing Address PO Box 6170		Amount of Each Disbursement this Period 177.87	
City Carol Stream State IL Zip Code 60197-	Purpose of Disbursement Phone Service Candidate Name	001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	PHONE SERVICE	

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: D407200459E1789 Date of Disbursement 03 / 22 / 2004	
Mailing Address PO Box 6170		Amount of Each Disbursement this Period 184.76	
City Carol Stream State IL Zip Code 60197-	Purpose of Disbursement Phone Service Candidate Name	001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	PHONE SERVICE	

SUBTOTAL of Disbursements This Page (optional) ▶	401.01
TOTAL This Period (last page this line number only) ▶	11782.01

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 10 / 22
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Transaction ID: LS1015200017C2024

LOAN SOURCE Full Name (Last, First, Middle Initial) Busey Bank	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Mailing Address 201 W. Main			
City Urbana State IL ZIP Code 61801-			
Original Amount of Loan 100000.00	Cumulative Payment To Date 725.12	Balance Outstanding at Close of This Period 99274.88	

TERMS	Date Incurred 01 st 24 th 2000	Date Due 20040616	Interest Rate 8.500 % (apr)	Secured: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--------------	---	----------------------	--------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial) Timothy V. Johnson	Name of Employer		
Mailing Address 413 Berringer Circle	Occupation		
City Urbana State IL ZIP Code 61802-	Amount Guaranteed Outstanding:	99274.88	
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		

SUBTOTALS This Period This Page (optional)	▶	99274.88
TOTALS This Period (last page in this line only)	▶	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Transaction ID: LS1015200017C2098

LOAN SOURCE Full Name (Last, First, Middle Initial) Busey Bank		Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Mailing Address 201 W. Main			
City Urbana	State IL	ZIP Code 61801-	
Original Amount of Loan 40000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 40000.00	

TERMS		Date Incurred 03 rd 09 th 2000	Date Due 20040616	Interest Rate 8.500 % (apr)	Secured: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--------------	--	---	----------------------	--------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial) Timothy Johnson		Name of Employer	
Mailing Address 413 Berringer Circle		Occupation Attorney	
City Urbana	State IL	ZIP Code 61802-	Amount Guaranteed Outstanding: 40000.00
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	40000.00
TOTALS This Period (last page in this line only) ▶	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 21 / 22
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Transaction ID: LS102020002C2771

LOAN SOURCE Full Name (Last, First, Middle Initial) First State Bank of Monticello	Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Mailing Address 201 West Main Street PO Box 260			
City Monticello State IL ZIP Code 61856-			
Original Amount of Loan 100000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100000.00	

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	10 th 05 th 2000	20041005	7.000 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial) Timothy V. Johnson	Name of Employer		
Mailing Address 413 Berringer Circle	Occupation		
City Urbana State IL ZIP Code 61802-	Amount Guaranteed Outstanding:	100000.00	
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		

SUBTOTALS This Period This Page (optional)	100000.00
TOTALS This Period (last page in this line only)	239274.88
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

(Use separate schedule(s) for each numbered line)	PAGE 22 / 22
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Busey Bank		Nature of Debt (Purpose): 009 Accrued Interest	
Mailing Address 201 W. Main			
City	State	ZIP Code	
Urbana	IL	61801-	
Outstanding Balance Beginning This Period		Transaction ID: LS0408200416E1797	
460.38			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
2959.62	0.00	3420.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor First State Bank of Monticello		Nature of Debt (Purpose): 009 Accrued Interest	
Mailing Address 201 West Main Street PO Box 260			
City	State	ZIP Code	
Monticello	IL	61856-	
Outstanding Balance Beginning This Period		Transaction ID: LS0408200416E1798	
1750.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
1750.00	0.00	3500.00	

1) SUBTOTALS This Period This Page (optional)	▶	6920.00
2) TOTALS This Period (last page this line number only)	▶	6920.00
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	